COCHISE COUNTY BOARD OF SUPERVISORS



	APPLICANT I	INFORMATION				
Applicant Name:	Mark Anders Jorve	Address:	6777 S. Zar	para Lane		
Business Name:	Zarpara Vineyard	City/Zip:	Willcox/856	43		
Liquor License #:	13023026	Parcel #:	201-20-001	В		
Ownership Type:	ЩС	Liquor Lice	nse 🗌	Special Event Liquor License 🛛		
Partner(s):						
	To Be Completed By	THE SHERIFF'S	OFFICE			
Please advise if:						
The application	ant, or any named partner(s), has had or;	d a felony conv	riction within	five (5) years prior to the		
There have been a significant number of incidents at the named location within five (5) years prior to the application.						
If so, please attach pertinent documentation.						
Comments: Mr. Jorve does not have any felony convictions within the past 5 years and there have been no incidents at the location.						
Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:		Approval	Disapproval	No Recommendation		
		\boxtimes				
Name:	Mark P. Genz	Title: Com	mander	A STATE OF THE STA		
Signature:	Whom	Date: 0802	13			
Contact phone:	432-9506	Email: mge	nz@cochise.az	.gov		
Return completed	form with any attachments by:	July 31, 2013				

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200 Fax (520) 432-5016

	APPLICANT IN	NFORMATION				
Applicant Name:	Mark Anders Jorve	Address:	6777 S. Zarpara Lane			
Business Name:	Zarpara Vineyard	City/Zip:	Willcox/85643			
Liquor License #:	13023026	Parcel #:	201-20-001B			
Ownership Type:	LLC	Liquor Lice	nse 🗌 Special Event Liquor License 🗵			
Partner(s):						
To Be Completed By The Environmental Health Department						
We would like to	request your assistance in reviewing th	ne attached ap	pplication.			
Please provide an	y pertinent information for the Board's	consideration	:			
Cochise County E	nvironmental Health Division has no c	objections to t				
License #130230	26 to the applicant Mark Anders Jorve	е.				
OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:						
☐ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.						
\square The Health Department is currently working with the property owner on health-related issues with the subject property.						
Name:	Natalie Johnson	Title: Envir	ronmental Health Aide			
Signature:	Matabi Johnson	Date: 7/29	/13			
Contact phone:	520-586-8208	Email: njoh	nson@cochise.az.gov			
Paturn completed	form with any attachments hy	July 31, 2013	2			

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200 Fax (520) 432-5016

For internal use only:
Restaurant/Hotel-Motel
Club/Government
Transfer of Premises

		APPLICANT IN	FORMATIO	N		
Applicant Name:	Mark Anders Jorve		Address:	6777 S.	Zarpara Lane	
Business Name:	Zarpara Vineyard		City/Zip:	Willcox/8	Willcox/85643	
Liquor License #:	13023026		Parcel #	: 201-20-0	001B	
Ownership Type:	LLC		Liquor Li	cense 🗌	Special Ev	ent Liquor License 🏻
Partner(s):			Liquoi Li	cense 🔲	Special Ev	ent Liquoi License 🔼
TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT						
Please advise if, at the time the application was filed: 1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or 2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building. If so, please attach pertinent documentation and drawings or maps. Comments: 300' rule is N/A for Special Event Liquor License. Based on the above information, the Planning and Zoning Approval Disapproval						
Department's recommendation to the Board of Supervisors is:						
OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:						
Proper Zoning? Y N N Permit#: RU-4 Use permitted by P&Z? Y N N Permit#: AG EXEMPT Date Permit Issued: PENDING Use Permitted: AG EXEMPT If use not permitted, is it LNC? Y N N N N N N/A The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department. The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business. The Planning Department is currently working with the property owner on several zoning-related issues with the subject property. The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.						
Name:	Rick Corley		Title: _2	Zoning Admini	strator	- 1 - 1 Accounts complete a section of the account of the section is
Signature:	Rick Corley		Date:	July 25, 2013		
Contact phone:	(520)432-9240		Email: _r	hcorley@coch	nise.az.gov	

July 31, 2013

Return completed form with any attachments by:

Craig, Kelly

Froi Sen To: Sub		Wilson, Kathleen Thursday, July 25, 2013 8:02 AM Craig, Kelly Treasurer Review Zarpara (2)						
	APPLICANT INFORMATION							
	Applicant Name:	Mark Anders Jorve	Addr	Address: 67		6777 S. Zarpara Lane		
	Business Name:	Zarpara Vineyard	City/	Zip:	Willcox/85	5643		
	Liquor License #:	13023026	Parce	el #:	201-20-00	01B		
	Ownership Type:	LLC	Liquo	or Licen	se	Special Event Liquor License		
	Partner(s):							
		To Be Completed By The	E TREAS	URER'S	OFFICE			
	Please advise if	the property taxes for the parcel in qu	estion	are cu	rrent.			
	Yes XXX No							
	If not, please attach pertinent documentation.							
	Comments:							
	THE TAXES	HAVE NOT BEEN PAID THE REMAININ	G BALA	NCE I	S 33303.6	53.L		
	Name:	KATHY WILSON	1	TAX S	SPECIALIST	I		
	Signature:	KATHLEEN WILSON	Date:	7/25/	13			
	Contact phone:		Email:					
Retu	ırn completed fori	m with any attachments by:July_	31, 201	.3				